2004 HMO Annual and Quarterly Supplement Report Instructions

Missouri Department of Insurance
Managed Care Section

Summary of Changes made to the

2004 HMO Annual and Quarterly Supplement Report Instructions

1. Please note the e-mail address has changed – various pages
2. The Missouri Zip Code range has been updated – page 4
3. Approved/Excluded Medical Provider Codes have been updated – page 15
4. Clinical Trials reporting is no longer a required element – COS Table

Deadlines:

All requested information (Tables 1-7, Cost of Service Table and Supplements*) for the relevant reporting period, should be submitted by the dates listed below:

2004 Reportings	*Deadlines:*
First Quarter Supplement (January 1, 2004 to March 31, 2004):	July 15, 2004
Second Quarter Supplement (April 1, 2004 to June 30, 2004):	October 15, 2004
Third Quarter Supplement (July 1, 2004 to September 30, 2004):	January 15, 2005
Annual Report Supplement (January 1, 2004 to December 31, 2004):	April 15, 2005
Final submission deadline of amendments	*June 15, 2005*

IMPORTANT: The 2004 HMO Report will go to press soon after June 15, 2005. The deadline cannot be extended beyond this date. Information submitted in amendment documents after this deadline will NOT be included in the report.

Also, please note that the Health Maintenance Organization is subject to penalties pursuant to section §354.444 RSMo if these deadlines are not met.

*NOTE: Supplement 2 is required **annually only**. Do not send this supplement with the quarterly filings. Send this supplement with the Annual Filing only.

Filing fee: $20.00 (§354.495 RSMo)

TD-1: Not Required

Where to send the Statement of Authorization (page 12):
Please mail the completed supplemental tables and diskette(s) on or before the above-mentioned deadlines to:

> **Missouri Department of Insurance**
> **Attn: Managed Care Section**
> **P.O. Box 690**
> **Jefferson City, MO 65102-0690**

Where to E-Mail the Filing: Jeanne.Robey@insurance.mo.gov

How to contact the Managed Care Section:
Direct inquiries regarding the quarterly and annual supplement filings to the Managed Care Section via telephone at (573) 522-8562, or via e-mail at Jeanne.Robey@insurance.mo.gov.

MDI on the World Wide Web:
Information regarding this and other required filings may also be obtained on the MDI website at:
http://www.insurance.mo.gov/.

General
Instructions
for
Tables 1-7, Cost of Services Table,
Supplements 1 and 2

How to define Missouri Membership:

Find out how enrollment and utilization is broken down for the Financial Statements, and utilize that methodology. If your company prepares the Financial Statements on some basis other than "Live or Work", then a Special State Page will be required. The Special State Page will be prepared utilizing the "Live or Work" rule.

LIVE: If it is done on a residential (enrollee/subscriber's home Zip Code) basis, then the only activity reported in this Supplemental Filing should be for Missouri Zip Codes (63001 - 65899).

WORK: If it is done on a group (contracts entered into with Missouri employers) basis, then the activity reported in this Supplemental Filing should be that of all enrollees or subscribers associated with those Missouri Groups.

Supplement 1 - Enrollment by Zip Code: This report should also be prepared using one of the methodologies stated above. For residential-based reporting, this report will contain only the Missouri Zip Codes (63001 - 65899) of current enrollees/subscribers. For group-based reporting, this report will contain the residential zip codes for all enrollees/subscribers associated with the Missouri groups, which may fall outside of the State of Missouri.

Tables (1-7) and Cost of Services: Instructions and Formatting Guidelines

1) Please submit Tables 1-7, Cost of Service via e-mail to mail to: Jeanne.Robey@insurance.mo.gov or if you do not have access to internet e-mail, then submit the data on a 3 ½ inch High Density, MS-DOS PC compatible diskette, CD-Rom or Zip Disk. The disk must be clearly labeled with:
   a. Company Name, b. Reporting Period, and c. Diskette contents.
   Also you must virus check the Filing before sending it to the MDI.

2) **Tables 1-7 and the Cost of Services Table constitute a Set of Tables.** A Set of Tables must be submitted for each product a company offers, AND a Set of Tables for combined commercial products (HMO plus POS), if the company offers both these products. For example, Company X has an HMO, Medicare, Medicaid and POS product. They would need to submit **five** Sets of Tables:

   Company X:
   HMO (Tables 1-7 and Cost of Services Table)
   POS (Tables 1-7 and Cost of Services Table)   **These five sets of tables are to be**
   Medicare (Tables 1-7 and Cost of Services Table)   **submitted in one "workbook"**
   Medicaid (Tables 1-7 and Cost of Services Table)   **(see Page 26)**
   HMO & POS (Tables 1-7 and Cost of Services Table)

3) The Utilization Tables 1-7, Cost of Service Tables, and the supplements must be filed containing information based on **Missouri's "Live or Work" Rule**. Also, "dates of service" should reflect the date incurred, not the date the claim was received from the provider.

   If you report on a Work basis, and you have enrollees with Illinois residential zip codes you will need to do a separate Table 1 for Illinois. If you report on a work basis, and have enrollees with Kansas residential zip codes you will need to do a separate Table 1 for Kansas.   You do **not** need extra Illinois or Kansas tables for Tables 2-7 or the Cost of Services Table. You do **not** need extra Illinois or Kansas table 1's if you are reporting on a LIVE basis.

4) **General Formatting Notes:** Each table must be labeled to indicate:
   a. the table number, (i.e. Table 1, Table 2, etc.)
   b. the category of membership the table concerns, (i.e. HMO, POS, HMO/POS, MDCR, MDCD)
   c. the state (only applicable to Table 1s prepared using the WORK method), (i.e. IL, KS, MO)
   d. the name of the company,
   e. the reporting period (see below),
   f. the table title.
   See Pages 16-25 for examples of acceptable format.

5) **Reporting Periods:** Please provide data corresponding to the following reporting periods:

Reporting Period	Time Frame for the Reported Period
Quarter 1, 2004	January 1, 2004 – March 31, 2004
Quarter 2, 2004	April 1, 2004 – June 30, 2004
Quarter 3, 2004	July 1, 2004 – September 30, 2004
Annual 2004	January 1, 2004 – December 31, 2004

6) **DO NOT** include any Administrative Services Only (ASO) membership or utilization data in any of the Tables submitted.

   Note: ASO enrollees are defined as enrollees of the Health Maintenance Organization (HMO) for which the HMO performs administrative services only, such as claims processing for self-insured entities (third party at risk). The HMO has not issued an insurance policy (regardless of whether an identification card is issued) and therefore is not subject to any type of loss or liability caused by claims incurred by the ASO enrollees.

7) Any tables with blanks or zeros will be considered an incomplete filing unless the company submits a written statement that the service in question is not offered.

If you contract out one or several services, you <u>must</u> obtain the utilization information from the company/network with whom you contract and incorporate that data into Tables 1-7 and the Cost of Services Table. **The Missouri Department of Insurance will <u>not</u> accept a separate filing from the company/network with whom you have contracted to provide specified services.**

<u>Instructions Specific to Each Table</u>

<u>TABLE 1 – See Page 16</u>
Average Enrollment and Cumulative Member Months by Gender and Age:
      A. **Average enrollment** should be reported in each age and gender category using total enrollment at the end of each month, adding the totals together and dividing by the number of months in the reporting period.

<u>EXAMPLE 1:</u>
<u>Second Quarterly Filing-</u>

	a	m	j	a+m+j/3
Age	April 30th	May 31st	June 30st	Average Enrollment
<1	3	5	2	3+5+2/3 = 3*
1-4	7	10	11	7+10+11/3 = 9*
etc…				

*(Please round to the nearest whole person.)

<u>EXAMPLE 2:</u>
<u>Annual Filing</u>

Enrollment on:

$$\frac{\text{Jan } 31^{st} + \text{Feb } 28^{th} + \text{Mar } 31^{st} + \text{Apr } 30^{th} + \text{May } 31^{st} + \text{Jun } 30^{th} + \text{Jul } 31^{st} + \text{Aug } 31^{st} + \text{Sept } 30^{th} + \text{Oct } 31^{st} + \text{Nov } 30^{th} + \text{Dec } 31^{st}}{12}$$

for each age category.

      B. **Cumulative Member Months (CMM)** should be reported in each age and gender category.

CMM = total enrollment at the end of each month.
<u>From example above, CMM is:</u>

	a	m	j	a+m+j
Age	April 30th	May 31st	June 30th	CMM
<1	3	5	2	3+5+2= 10
1-4	7	10	11	7+10+11= 28
etc…				

<u>TABLE 2 – See Page 17</u>
Hospital Utilization:
      A. **<u>General Hospital/Acute Care Facility</u>**
          1. **Medical/Surgical:** Refers to general hospital/acute inpatient care; includes any hospital days for services except maternity and mental health, e.g. pediatric, gynecology, neurology, etc.
          2. **Maternity:** Refers to care connected with a live birth in a general hospital or acute care facility; only mothers' days should be counted, not newborns'. Please be sure and break down this data into the following categories:
                    Normal
                    C-Section
                    Other
          Please add a footnote to Table 2 explaining the data captured in the 'Other' category.
          3. **Newborn:** A newborn is considered admitted to the hospital, only after the mother has been discharged. Please count 'Days' as days accrued by the newborn after the mother is discharged.

4. **Mental Health:** Inpatient days when provided in acute care facilities, as opposed to psychiatric long-term institutions or wards. Acute Mental Health care in an Acute Care Facility. This data should be broken down into two subcategories:

   Chemical Dependency
   Other

5. **Other:** All other days and admissions that meet the General Hospital/Acute Care Facility guidelines but do not fit into any of the above categories. Please <u>footnote what data is captured</u> in this category.

6. **Subtotal for Part A:** The sum of points 1-5. **(NOTE: The Subtotal for Part A 'Days' and 'Admissions' should be equal to the Total 'Days' and 'Admissions' on Table 6.)**

 B. <u>Specialty Facility-</u> Refers to inpatient stays in freestanding specialized facilities as opposed to acute inpatient hospital stays, except for Mental Health (see below).

1. **Rehabilitation:** inpatient stays at a freestanding rehabilitation facility.
2. **Nursing Home (SNF/ICF):** An SNF provides services to patients who require primarily restorative or skilled nursing care. An ICF provides services to patients not requiring the degree of care provided by a hospital or SNF but who require care and services provided at institutional facilities.
3. **Mental Health:** Inpatient days when provided in specialized psychiatric institutions or wards (specific area within an Acute Care Facility). Long-term Mental Health Care provided in a specialized psychiatric institution, or a specific area within an Acute Care facility. This data should be broken down into two subcategories:

   Chemical Dependency/Detoxification
   Other

4. **Other:** Other things that meet the Specialty Facility guidelines but do not fit any of the above-mentioned categories. Please <u>footnote what data is captured</u> in 'Other'
5. **Subtotal B:** Sum of points 1-4.

 C. <u>**Grand Total Inpatient Utilization-**</u> Subtotal for Part A plus Subtotal for Part B.

TABLE 3 – See Page 18
Hospital Emergency Care: ER utilization should be based upon members who were **not** admitted to the hospital from the ER. Admits to hospital from ER should be captured in Table 2 and again on Table 6.

 A. <u>**In-Network ER Utilization:**</u> Emergency Room utilization with in the contracted network**.**
 B. <u>**Out-of-Network ER Utilization:**</u> Emergency Room utilization outside of the contracted network. (NOTE: includes out of town utilization as well as local non-contracted ER utilization).
 C. <u>**TOTAL:**</u> Sum of A and B.

TABLE 4 – See Page 19
Ambulatory Utilization by Provider Type:
Ambulatory Care: Includes services provided on an ambulatory basis (patient received care by going to physicians' offices, outpatient departments or health centers) by both physicians and non-physicians. Excludes emergency room care and services specifically captured in Table 5.

Please note: See page 15 for American Medical Association Medical Provider Code breakdown. There is also a list of codes that should not appear on this table. The excluded codes represent medical professionals that an enrollee would not schedule an appointment with to receive care.

 A. <u>**Physician Encounters by Specialty:**</u>
1. **Primary Care:** Member encounters with primary care physicians (Codes 010, 019, 038, 087)
2. **Pediatric Specialists:** Encounters with Pediatric Specialists (See codes listed under Pediatric heading)
3. **OB/GYN:** Obstetricians and Gynecologist (See codes listed under OB/GYN heading)
4. **Mental Health/Psychiatry/Chemical Dependency** (including but not limited to 043, 044, 045)
5. **Specialists:** Specialist encounters that do not fall in the above mentioned categories (See Approved Codes)
6. **Subtotal:** sum of 1-5.

 B. <u>**Other Professional Provider Encounters:**</u> Consists of all other non-physician type providers meeting the Ambulatory Care criteria, e.g. Mental Health, Optometry, Podiatry, Dentistry, Chiropractic, Physician Assistants, Nurse Practitioners, etc…
1. **Mental Health** (i.e. Psychologist)
2. **Chiropractic**
3. **All Others:** Please <u>footnote the category(s) of data being captured</u>.
4. **Subtotal:** Sum of 1-3.

 C. <u>**Total:**</u> Sum of part A subtotal and part B subtotal. **(NOTE: Total for Table 4 must be equal to Total for Table 7.)**

TABLE 5 – See Page 20
Other Services (Non-Admissions): Intended to capture other non-admission types of services such as Home Health Care visits, Surgery in a free-standing facility, same day hospital surgery, birthing rooms, psychiatric daycare, etc…

     A.   <u>**Home Health Care Visits:**</u> Care provided by health care personnel in the patients' home.
     B.   <u>**Surgical Center (non-hospital):**</u> Same-day surgery performed in a freestanding surgical center.
     C.   <u>**In/Out Surgery (hospital) or Ambulatory Same-Day Surgery:**</u> Surgery performed in a hospital but does not entail admission into the hospital.
     D.   <u>**Birthing Center/Room:**</u> Normal delivery in a birthing center or room not entailing admission to the hospital.
     E.   <u>**Psychiatric Daycare:**</u> Psychiatric care provided in an institution during the daytime **or** nighttime only (beyond a simple ambulatory care encounter)
     F.   <u>**Other:**</u> All other non-admissions that do not fall into one of the above-mentioned categories. Please footnote the category (s) of data being captured.
     G.   <u>**TOTAL:**</u> Sum of A-F.

TABLE 6 – See Page 21
General Hospital/Acute Care Facility Utilization by Age and Gender: Days and Admissions should be based on age at the time the service was rendered.

Table 6 Total 'Days' for male and female and Total 'Admissions' for male and female must be equal to the Total of Part A on Table 2. (See Table 2 Part A – see pages 6-7.)

Only capture acute hospital admissions.   **Do not capture sub-acute, long-term care or specialty facility admits.**

TABLE 7 – See Page 22
Ambulatory Utilization by Age and Gender: Ambulatory Encounters should be based on age at the time the service was rendered.

Table 7 Total Ambulatory Encounters for male and female must equal the Total of Table 4. (See Table 4 instructions-see page 7.)

Do **not** include the types of services captured in Table 5 (see page 8).

<u>**COST OF SERVICES TABLE – See Page 23**</u> – This is actual "Claims-Based" information, not IBNR.

<u>**Capitation is defined as**</u>: A per-member, monthly payment to a provider that covers contracted services and is paid in advance of its delivery. In essence, a provider agrees to provide specified services to plan members for this fixed, predetermined payment for a specified length of time, regardless of how many times the member uses the service. The rate can be fixed for all members or it can be adjusted for the age and gender of the member, based on actuarial projections of medical utilization.

Definitions of Column Headings:

     A.   **Total Medical Cost:** Total cost incurred for services provided to enrollees during the reporting period, net of any negotiated discounts with providers.
     B.   **Deductibles/Co-payments:** Total amount of payments made by enrollees in the form of any required co-payment or coinsurance.
     C.   **COB Savings:** Coordination of Benefit Savings – Total amount of any savings related to coordination of benefits for enrollees with coverage under more than one plan.
     D.   **Other Offsets:** Total amount of any reduction in payment due to prior over-payments, or other reasons, etc.
     E.   **Total Paid:** Total Paid = Total Medical Cost – Deductibles/Co-payments – COB – Other Offsets
     F.   **Per Member Per Month:** PMPM = Total Paid / Cumulative Member Months (from Table 1)

Cost Categories:

   A. **General Note:** Please be sure to include all Categories listed on the attached example table. Your filing will be considered incomplete if you report that you are unable to provide all the Cost Category data requested. (For example: you must be able to separate Inpatient and Outpatient Hospital costs, Inpatient and Outpatient Physician costs, etc…) Costs from subcontractors should be incorporated in the appropriate categories.
   B. **Other:** On this line, report financial figures for all other Cost Categories not listed in this table. Please footnote what 'Other' includes.
   C. **Total Capitation Cost:** Include here all costs for which payment is made on a capitated basis (see definition of Capitation on page 7). NOTE**: If Capitation Costs are reported, you must <u>footnote what those costs refer to</u>, (e.g. mental health services, etc…). If you have more than one category listed in this footnote, please <u>break out your Capitation Costs by each category</u>.**
   D. Don't forget to fill in the general questions concerning average membership, total membership, cumulative member months, average age of members, total number of members who received services that resulted in a claim and the HMO Model type(s) (see page 14 for Model type definitions).

FINAL NOTE: Consistency between tables, supplements 1 and 2 and other required MDI filings is very important. To that end we have provided you with a detailed comparison form (see page 13). It will be to your advantage to thoroughly review this form before submitting your data to MDI. If your HMO consistently fails the basic correlation tests detailed on page 13, then the MDI will mandate that you submit a completed page 13 with your filing. Also, to ensure that the tables are formatted and titled correctly, we have provided a sample Set of Tables (see pages 16-25).

When the review process results in a request for corrected data, please submit only those portions cited.

Also, please remember that Dates of Service should reflect the date incurred, not the date the claim was received from the provider.

<u>Supplement 1: Instructions and Formatting Guidelines</u> – see page 24.

1) Please submit Supplement 1 via e-mail to <u>Jeanne.Robey@insurance.mo.gov</u> or if you do not have access to internet e-mail, then submit the data on a 3-½ inch High Density, MS-DOS PC compatible diskette, CD-ROM or Zip Disk. Also you must virus check the e-mail attachment(s) before sending it to the Missouri Department of Insurance.

2) The company is to submit the requested data in spreadsheet format. *NOTE: The filing will be considered incomplete if column headings/field names are incorrect or missing from the files. Please see below for further instruction.*

3) Supplement 1 should include information pertaining to Missouri and the adjacent metropolitan areas (as defined on page 4, item 3) that extend into Illinois and Kansas, in a manner that conforms to Missouri's "Live or Work" Rule. This information should conform to the methodology used by the Company to prepare the Quarterly/Annual Financial Statement. If your company prepares the Financial Statements on some basis other than "Live or Work", then a Special State Page will be required. The Special State Page will be prepared utilizing the "Live or Work" rule.

4) On Supplement 1 **do not** include any Administrative Services Only (ASO) membership. *Note: ASO enrollees are defined as enrollees of the Health Maintenance Organization (HMO) for which the HMO performs administrative services only, such as claims processing for self-insured entities (third party at risk). The HMO has not issued an insurance policy (regardless of whether an identification card is issued) and therefore is not subject to any type of loss or liability caused by claims incurred by the ASO enrollees.*

SUPPLEMENT 1
Enrollment by Zip Code- *Reporting Period (e.g. Q2_2004)*
Company Name

ZipCode	HMO	POS	Medicare	Medicaid
63125	250	50	0	20
65201	117	33	0	16
etc…				

    A. **Zip Code:** Enrollment for all of Missouri and the adjacent metropolitan areas of Illinois and Kansas should be included in Supp1. Each record must contain a unique ZipCode. Please check your file carefully for duplicate ZipCodes before you submit your file to MDI. **NOTE: If duplicate ZipCodes are found your filing will be considered unsatisfactory.**

        1. If this supplement is being prepared on a "Live" basis, there will only be Missouri zip codes.
        2. If this supplement is being prepared on a "Work" basis, then we will see zip codes for Missouri as well as that of the surrounding states.
        3. Total Enrollment is reported as of the last day of the Reporting Period.

    B. **HMO:** Must contain all HMO product enrollment for the reporting period.

    C. **POS:** Must contain all POS product enrollment for the reporting period.

    D. **Medicare:** Must contain all Medicare product enrollment for the reporting period.

    E. **Medicaid:** Must contain all Medicaid product enrollment for the reporting period.

Annual Supplement 2 – see page 25.
Small and Large Employer Contracts and Enrollment – *Annual Only*
Company Name

A. Annual Supplement 2 is prepared in order to allow the Missouri Department of Insurance to more completely report to the Centers for Medicare & Medicaid Services regarding access to coverage for small and large employers in Missouri.

B. **ANNUAL SUPPLEMENT 2 IS REQUIRED ONLY FOR THE ANNUAL FILING. IT IS NOT REQUIRED FOR ANY OF THE QUARTERLY FILINGS.**

   Please EXCLUDE any information regarding: • Individual enrollment • ASO enrollment
                                                • Medicare enrollment • Medicaid enrollment

E. Please note that there are two definitions of Small Employer:

   a) The federal Health Insurance Portability and Accountability Act (HIPAA) defines Small Employers as groups of two to fifty (2-50).
   b) Missouri defines Small Employers as groups of three to twenty-five (3-25), per § 379.930.2(28) RSMo.

   Please INCLUDE data reflecting contracts and enrollment as of year-end for both the federal and the state definitions of Small Employers.

F. For Total Group, add line 6 + line 8. **DO NOT ADD** 6 + 7 + 8 as this will double count small employers.

   a) Line 6 represents activity pertaining to Small Employers as defined under federal law in HIPAA, and includes any activity found on line 7.
   b) Line 7 represents activity pertaining to Small Employers as defined in Missouri law, and is a sub-set of line 6.

G. Please note that Total Group Enrollment will be compared to the State Page of the Annual Financial Statement.

H. **If any of the above mentioned directions are not followed, your ANNUAL filing will be considered incomplete.**

Supplement 2 - SMALL AND LARGE EMPLOYER CONTRACTS AND ENROLLMENT
(Company Name)
For the reporting period ending: December 31, (Enter appropriate year)

Enrollment Categories	Number of Contracts as of 12/31	Number of Enrollees as of 12/31	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
Small Employer (2-50 employees)[1]							
Small Employer (3-25 employees)[2]							
Large Employer/Union (over 50 employees)[3]							
Total Group (line 6 plus line 8)	=SUM(C6+C8)	=SUM(D6+D8)					

[1]Definition of Small Employer used in the federal Health Insurance Portability and Accountability Act (HIPAA)
[2]Definition of Small Employer used in the Revised Statutes of Missouri at 379.930.2(28)
[3]Definition of Large Employer/Union used in HIPAA

INSTRUCTIONS FOR ANNUAL SUPPLEMENT 2

1. For Total Group, add line 6 + line 8. DO NOT ADD 6 + 7 + 8 as this will double count small employers.
   a) Line 6 represents activity pertaining to Small Employers as defined under federal law in HIPAA, and includes any activity found on line 7.
   b) Line 7 represents activity pertaining to Small Employers as defined in Missouri law, and is a sub-set of line 6.
2. Number of Contracts shall not exceed Number of Enrollees.
3. Number of Enrollees for Total Group shall correspond to page 34.MO line 5 column 2 of the **annual financial statement.**
4. **Direct Premiums Written** - is the amount charged when an enrollee contracts for insurance coverage before reinsurance has been ceded and/or assumed.
5. **Direct Premiums Earned** - the part of premium attributable to the coverage already provided in a given period before reinsurance has been ceded and/or assumed.
6. **Dividends Paid** - the dollar amount paid to enrollees under participating agreements. These dividends are paid to enrollees after coverage has expired for which they have paid premium. Dividends paid to company stockholders are not included.
7. **Direct Losses Paid** - The sum of all payments made during the year for the benefit of insurance claimants, before reinsurance has been ceded and/or assumed. These payments include amounts paid in the current year for claims arising from coverage in prior years and exclude amounts which will be paid in the future years for claims arising from the current year. Hence, this item is not a measure of the actual cost of current coverages, but only of current cash flows.
8. **Direct Losses Incurred** - the sum of direct losses paid plus an estimate at the close of the year of the amounts to be paid in the future for all claims arising from the current and all prior years, minus the corresponding estimate made at the close of business for the preceding year. Incurred losses reported include estimated amounts unpaid for incurred-but-not-reported (IBNR) claims.

Before E-Mailing the Filing!!!

- **Review your filing and verify that all information is accurate.** *The Missouri Department of Insurance will not process faulty data.*
- **Make sure that *the Company representative that completed the supplemental filing signs the following Statement of Authorization*.**
- **Be sure and mail a signed original to the address noted on page 3.**
- **Take note that if corrected information is not received by MDI by June 15, 2005, it will not be included in the 2004 HMO Annual Report.**

Important Reminder:
To ensure uniformity and accuracy in data reporting and to maintain a standard of fairness, these instructions, both for content and format, must be adhered to. If submitted data is found to be out of compliance with the 2004 instructions the company must correct the filing and resubmit to Missouri Department of Insurance. Please note that failure to meet specified deadlines may subject an HMO to forfeiture pursuant to §354.444 RSMo.

Statement of Authorization

I hereby certify that I have investigated the qualifications and accuracy of this filing and that the submitted data meets all requirements under this State's insurance statutes and regulations. I am duly authorized to release said data on behalf of the organization to which this request applies. I certify that the submitted e-mail attachment(s) (or diskette(s)) has/have been checked for viruses by an anti-virus software package and does not contain any viruses.

_____   _____
Signature   Date Signed

_____   _____
Name above typed or printed   Title

_____   _____
Company   Phone Number

Check List for Reviewing Tables 1-7 and Cost of Service Table

COMPANY NAME: _____

The following lines of data should match in value:

TABLE 2 and TABLE 6
TABLE 2- Total for Part A
  Table 2 (days):_____   Table 2 (admissions): _____

TABLE 6- Total
  Table 6 (days):_____   Table 6 (admissions): _____

TABLE 4 and TABLE 7
Table 4 (total): _____
Table 7 (total): _____

Enrollment:
Within each set of tables, Average Enrollment from Table 1 and the Cost of Services Table must be equal.

Cost of Services and Supplement 1 Total Enrollment as of last day of the period reported should be equal. **Note: Total Enrollment is reported using Missouri's "Live or Work" Rule.**

MDI expects Total Enrollment to be within ±5% of Average Enrollment for the reporting period unless written notification of extenuating circumstances (such as rapid growth of a new product, or elimination of a product) is provided with the filing.

A) Average Enrollment
        Table 1   _____
        Cost of Services   _____

B) Total Enrollment (as of last day of the period reported)
        Supplement 1   _____
        Cost of Services   _____

C) Is point B (total enrollment) within ±5% of Point A (average enrollment)?   **YES** or **NO**
    If **NO**, why not? _____

Table 1 Cumulative Member Months should equal Cost of Services Cumulative Member Months.

        Table 1 Cumulative Member Months   _____
        Cost of Services Cumulative Member Months   _____

NOTE:

Correlation, between the Annual Managed Care Filing and the Annual Financial Statement, will be done utilizing the "State Page" and Schedule T of the Financial Statement.

Model Types and Definitions

IPA: An organized prepaid health care system that contracts directly with physicians in independent practice, with one or more associations of physicians in independent practice and/or with one or more multi-specialty group practice(s), but is predominantly organized around solo/single-specialty practices to provide health care services.

Group: An organized prepaid health care system that contracts with one independent group practice to provide health care services.

Network: An organized prepaid health care system that contracts with two or more independent group practices to provide health care.

Staff: An organized prepaid health care system that delivers health care services through a salaried physician group that is employed by the healthcare system or HMO.

Mixed: Any combination of the above mentioned types. If the company falls into this type, please list all the above types that apply.

Below is a listing of Medical Provider Codes as defined by the American Medical Association.

APPROVED MEDICAL PROVIDER CODES:

75 Aerospace Medicine	31 Occupational Medicine	114 Surgery-Oro-Facial Plastic
2 Allergy	32 Ophthalmology	63 Surgery-Orthopedic
74 Allergy and Immunology	69 Other(specify)	115 Surgery-Otorhinolaryngology & Oro-Facial Plastic
3 Anesthesiology	94 Otolaryngology	65 Surgery-Plastic
106 Cardiology	33 Otology	55 Surgery-Plastic & Reconst.
5 Cardiovascular Diseases	34 Otorhinolaryngology	66 Surgery-Thoracic
44 Child Psychiatry	42 Physical Medicine & Rehab	124 Surgery-Thoracic Cardiovascular
78 Critical Care Medicine	116 Prevent Med/Aerospace Med	67 Surgery-Traumatic
6 Dermatology	117 Prevent Med/Occup Med.	68 Surgery-Urological
7 Diabetes	118 Prevent Med/Occup-Environmental Med	105 Surgery-Vascular
83 Diagnostic Radiology	119 Prevent Med/Public Health	52 Therapeutic Radiology
108 Diagnostic Roentgenology	120 Proctology	125 Urology
8 Emergency Medicine	43 Psychiatry	OB/GYN:
9 Endocrinology	45 Psychoanalysis	86 Gynecological Oncology
10 Family Practice	98 Public Health	15 Gynecology
11 Gastroenterology	48 Pulmonary Diseases	90 Maternal & Fetal Medicine
87 General Practice	104 Radiation Oncology	72 Neonatal/Perinatal Medicine
88 General Preventive Medicine	121 Radiation Therapy	30 OB/GYN
14 Geriatrics	49 Radiology	29 Obstetrics
16 Hematology	71 Rehabilitation Medicine	113 Surgery-Obstetrics/GYN
110 Hematology and Oncology	102 Reproductive Endocrinology	
81 Immunology	53 Rheumatology	PEDIATRICS:
18 Infectious Diseases	122 Roentgenology	73 Adolescent Medicine
19 Internal Medicine	47 Sclerotherapy	25 Child Neurology
20 Laryngology	123 Special Proficiency Osteopathic Manipulative Med	50 Neonatology
46 Med. Diseases of the Chest	56 Surgery-Abdominal	39 Pediatric Allergy
93 Medical Oncology	57 Surgery-Cardiovascular	40 Pediatric Cardiology
22 Neoplastic Diseases	58 Surgery-Colon & Rectal	96 Pediatric Endocrinology
23 Nephrology	84 Surgery-Facial Plastic	99 Pediatric Hematology/Oncology
24 Neurology	59 Surgery-General	100 Pediatric Nephrology
112 Neurology and Psychiatry	109 Surgery-General Vascular	97 Pediatric Pulmonology
27 Nuclear Medicine	60 Surgery-Hand	51 Pediatric Radiology
92 Nuclear Radiology	61 Surgery-Head and Neck	38 Pediatrics
28 Nutrition	62 Surgery-Neurological	64 Surgery-Pediatric

EXCLUDED PROVIDER CODES:

85 Anatomic Path. & Lab. Med.	95 Clinical Pharmacology	111 Laboratory Medicine
76 Anatomic Pathology	107 Cytopathology	21 Legal Medicine
101 Anatomic/Clinical Pathology	82 Dermatopathology	91 Medical Microbiology
77 Bloodbanking Pathology	80 Diagnostic Laboratory	26 Neuropathology
79 Chemical Pathology	37 Forensic Pathology	35 Pathology
36 Clinical Pathology	89 Immunopathology	41 Radioactive Isotopes
		103 Radioisotopic Pathology

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Cell reference: E27 =

	A	B	C	D	E	F
1		Table 1 - (Specify Category of Membership)				
2		(Company Name)				
3		For the reporting period ending: (insert appropriate date)				
4						
5		**Average Enrollment and Cumulative Member Months by Gender and Age:**				
6						
7			Avg. Membership			Cumulative Member Months	
8	Age Categories	male	female		male	female
9	<1	0	0		0	0
10	1-4	0	0		0	0
11	5-9	0	0		0	0
12	10-14	0	0		0	0
13	15-19	0	0		0	0
14	20-24	0	0		0	0
15	25-29	0	0		0	0
16	30-34	0	0		0	0
17	35-39	0	0		0	0
18	40-44	0	0		0	0
19	45-49	0	0		0	0
20	50-54	0	0		0	0
21	55-59	0	0		0	0
22	60-64	0	0		0	0
23	65-69	0	0		0	0
24	70-74	0	0		0	0
25	75-79	0	0		0	0
26	80+	0	0		0	0
27						
28	Subtotal	=sum(B9:B26)	=sum(C9:C26)		=sum(E9:E26)	=sum(F9:F26)
29						
30	Total	=sum(B28:C28)			=sum(E28:F28)	
31						
32	**Enrollment:**		(Category of Membership)			
33	T1(average)		=B30			
34	COS(average)		=COS!C23			
35	COS(total)		=COS!C24			
36	Sup1(total)		(entered from Sup1)			
37	%diff,T1avg from Sup1total		=(C33-C36)/C33			
38	Quarter/Annual Fin. Stmnt		(entered from State Page)			
39	%diff,Supp1 to AFS		=(C36-C38)/C36			
40						
41	**Member Months:**					
42	T1		=E30			
43	COS		=COS!C25			
44	%diff, T1 from COS		=(C42-C43)/C42			
45	Quarter/Annual Fin. Stmnt		(entered from State Page)			
46	%diff,T1 to AFS		=(C42-C45)/C42			
47						
48						

Sheet tabs: Sheet 1 \ **table1** / table2 / table3 / table4 / table5 / table6 / tab

L32 =

	A	B	C
1	Table 2 - (Specify Category of Membership)		
2	(Company Name)		
3	For the reporting period ending: (insert appropriate date)		
4			
5	**Hospital Utilization:**		
6			
7	**A) General Hospital/Acute Care Facility**	**Days**	**Admissions**
8	Medical/Surgical (non-maternity, non-mental health)	0	0
9	Maternity		
10	Normal	0	0
11	C-Section	0	0
12	Other	0	0
13	Subtotal Maternity	=sum(B10:B12)	=sum(C10:C12)
14	Newborn	0	0
15	Mental Health		
16	Chemical Dependency	0	0
17	Other Mental Health	0	0
18	Subtotal Mental Health	=sum(B16:B17)	=sum(C16:C17)
19	Other	0	0
20			
21	**Subtotal - Part A.**	=+B8+B13+B14+B18+B19	=+C8+C13+C14+C18+C19
22			
23	Table 6	=table6!B29	=table6!C29
24	% Variance	=(B21-B23)/B21	=(C21-C23)/C21
25			
26	Quarterly/Annual Financial Statement	(entered from State Page)	(entered from State Page)
27	% Variance	=(B21-B26)/B21	=(C21-C26)/C21
28			
29	**B) Specialty Facility**		
30			
31	Rehabilitation Care	0	0
32	Nursing Home (SNF/ICF)	0	0
33	Mental Health		
34	Chemical Dependency	0	0
35	Other Mental Health	0	0
36	Subtotal Mental Health	=SUM(B34:B35)	=SUM(C34:C35)
37	Other	0	0
38			
39	**Subtotal - Part B.**	=B31+B32+B36+B37	=C31+C32+C36+C37
40			
41	**Grand Total**	=B21+B39	=C21+C39
42			
43			

table1 \ **table2** / table3 / table4 / table5 / table6 / table7 / COS / Supp 1 / Su

	A	B
1	Table 3 - (Specify Category of Membership)	
2	(Company Name)	
3	For the reporting period ending: (insert appropriate date)	
4		
5	**Hospital Emergency Care:**	
6		
7		Member Encounters
8	In-Network ER Utilization	0
9	Out-of-Network ER Utilization	0
10		
11	**Total**	**=SUM(B8:B9)**
12		
13	% ON ER	=B9/B11
14		
15	Average Cost per Encounter	=COS!F11/table3!B11
16		

table1 / table2 / **table3** / table4 / table5 / table6 / table7 / COS

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Cell reference: B39 =

	A	B
1	Table 4 - (Specify Category of Membership)	
2	(Company Name)	
3	For the reporting period ending: (insert appropriate date)	
4		
5	**Ambulatory Utilization by Provider Type:**	
6		
7		Member Encounters
8	**Physician Encounters**	
9	Primary Care	0
10	Pediatric Specialists	0
11	OB/GYN	0
12	Mental Health/Psychiatry/Chemical Dependency	0
13	Specialties	0
14		
15	**Subtotal**	**=SUM(B9:B13)**
16		
17	Quarterly/Annual Financial Statement	(entered from State Page)
18	% Variance	=(B15-B17)/B15
19		
20	**Other Professional Provider Encounters**	
21	Mental Health	0
22	Chiropractic	0
23	All Others	0
24		
25	**Subtotal**	**=SUM(B21:B23)**
26		
27	Quarterly/Annual Financial Statement	(entered from State Page)
28	% Variance	=(B25-B27)/B25
29		
30	**Total**	**=B15+B25**
31		
32	Table 7	=table 7!B29
33	% Variance	=(B30-B32)/B30
34		
35	Quarterly/Annual Financial Statement	(entered from State Page)
36	% Variance	=(B30-B35)/B30
37		
38	Average Cost per Mental Health Encounter	=(COS!F12+COS!F13)/(table4!B12+table4!B21)
39		
40		
41		

Sheet tabs: table1 / table2 / table3 / **table4** / table5 / table6 / table7 / COS / Supp 1 / Supp 2 / Provi

	A	B
1	Table 5 - (Specify Category of Membership)	
2	(Company Name)	
3	For the reporting period ending: (insert appropriate date)	
4		
5	**Other Services (Non-Admissions)**	
6		
7		Member Encounters
8	Home Health Care Visits	0
9	Surgical Center (non-hospital)	0
10	In/Out Surgery (Hospital/ Ambulatory-Same Day Surgery)	0
11	Birthing Center/Room	0
12	Psychiatric Daycare	0
13	Other (not specified above)**	0
14		
15	**Total**	**=SUM(B8:B13)**
16		
17	% OTHER	=B13/B15
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
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31		
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34		

table1 / table2 / table3 / table4 / **table5** / table6 / table7 / COS / Supp 1 / Supp 2 / Provider Co

F36 =

	A	B	C	D	E	F
1		Table 6 - (Specify Category of Membership)				
2		(Company Name)				
3		For the reporting period ending: (insert appropriate date)				
4						
5		**General Hospital/Acute Care Facility Utilization by Age and Gender:**				
6						
7		Male			Female	
8	Age Categories	Days	Admissions		Days	Admissions
9	<1	0	0		0	0
10	1-4	0	0		0	0
11	5-9	0	0		0	0
12	10-14	0	0		0	0
13	15-19	0	0		0	0
14	20-24	0	0		0	0
15	25-29	0	0		0	0
16	30-34	0	0		0	0
17	35-39	0	0		0	0
18	40-44	0	0		0	0
19	45-49	0	0		0	0
20	50-54	0	0		0	0
21	55-59	0	0		0	0
22	60-64	0	0		0	0
23	65-69	0	0		0	0
24	70-74	0	0		0	0
25	75-79	0	0		0	0
26	80+	0	0		0	0
27						
28	Subtotal	=SUM(B9:B26)	=SUM(C9:C26)		=SUM(E9:E26)	=SUM(F9:F26)
29	Total	=B28+E28	=C28+F28			
30						
31	Table 2	=table2!B21	=table2!C21			
32	% Variance	=(B29-B31)/B29	=(C29-C31)/C29			
33						
34						

table1 / table2 / table3 / table4 / table5 \ **table6** / table7 / COS / Supp 1 / Supp 2 / Provider Codes

	A	B	C
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	K20		=
1	Table 7 - (Specify Category of Membership)		
2	(Company Name)		
3	For the reporting period ending: (insert appropriate date)		
4			
5	Ambulatory Utilization by Age and Gender:		
6			
7		Encounters:	
8	Age Categories:	Male	Female
9	<1	0	0
10	1-4	0	0
11	5-9	0	0
12	10-14	0	0
13	15-19	0	0
14	20-24	0	0
15	25-29	0	0
16	30-34	0	0
17	35-39	0	0
18	40-44	0	0
19	45-49	0	0
20	50-54	0	0
21	55-59	0	0
22	60-64	0	0
23	65-69	0	0
24	70-74	0	0
25	75-79	0	0
26	80+	0	0
27			
28	Subtotal by Gender	=SUM(B9:B26)	=SUM(C9:C26)
29	Total	=SUM(B28:C28)	
30			
31	Table 4	=table4!B30	
32	% Variance	=(B29-B31)/B29	
33			
34			

table1 / table2 / table3 / table4 / table5 / table6 \ **table7** / COS / Supp 1

Cost of Services Table - (Specify Category of Membership)

(Company Name)

For the reporting period ending: (insert appropriate date)

#	A	B	C	D	E	F	G
5	Cost Category:	Total Medical Costs	Deductibles/ Copayments	COB Savings	Other Offsets	Total Paid	Per Member Per Month
6	Inpatient Hospital	0	0	0	0	=B6-C6-D6-E6	=F6/$D$25
7	Outpatient Hospital	0	0	0	0	=B7-C7-D7-E7	=F7/$D$25
8	Prescription Drugs (not inpatient)	0	0	0	0	=B8-C8-D8-E8	=F8/$D$25
9	Inpatient Physician, Surgeon, Anesthesia, etc.	0	0	0	0	=B9-C9-D9-E9	=F9/$D$25
10	Outpatient Physician, Surgeon, Anesthesia, etc.	0	0	0	0	=B10-C10-D10-E10	=F10/$D$25
11	Emergency Room	0	0	0	0	=B11-C11-D11-E11	=F11/$D$25
12	Chiropractic visits per	0	0	0	0	=B12-C12-D12-E12	=F12/$D$25
13	Prostheses & Expenses	0	0	0	0	=B13-C13-D13-E13	=F13/$D$25
14	Inpatient Mental Health	0	0	0	0	=B14-C14-D14-E14	=F14/$D$25
15	Outpatient Mental Health	0	0	0	0	=B15-C15-D15-E15	=F15/$D$25
16	Diagnostic, X-Ray, Laboratory	0	0	0	0	=B16-C16-D16-E16	=F16/$D$25
17	Other	0	0	0	0	=B17-C17-D17-E17	=F17/$D$25
18	Subtotal	=SUM(B6:B17)	=SUM(C6:C17)	=SUM(D6:D17)	=SUM(E6:E17)	=SUM(F6:F17)	=SUM(C6:C17)
19	Total Capitation Costs	0	0	0	0	=B19-C19-D19-E19	=F19/$D$25
20	Total	=B18-B19	=C18-C19	=D18-D19	=E18-E19	=F18-F19	=G18-G19
21							
22	Model Type = (insert appropriate model type from Page 14 of the instructions)			Table 1	Supplement 1	% Variance	
23	Average # of plan members during reporting period.		0	=table1!B30		=(C23-D23)/C23	
24	Total # of plan members during reporting period.		0		=table1!C36	=(C24-E24)/C24	
25	Cumulative plan member months during reporting period.		0	=table1!E30		=(C25-D25)/C25	
26	Average age of plan members:		0.0				
27	# of plan members who received services for which						
28	a claim was incurred during the reporting period.		0				

Sheet tabs: Live Sample / table1 / table2 / table3 / table4 / table5 / table6 / table7 / **COS** / Supp 1 / Supp 2 / Provider Codes / HMO + POS sample

	A	B	C	D	E	F
1	**Supplement 1**					
2	**ENROLLMENT BY ZIP CODE**					
3	(Company Name)					
4	**For the reporting period ending:**			enter period		
5						
6	ZIPCODE	HMO	POS	MEDICARE	MEDICAID	
7						
8						
9						
10						
11						
12						
13						
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15						
16						
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32						
33						
34						

table1 / table2 / table3 / table4 / table5 / table6 / table7 / COS \ **Supp 1** / Sup

Supplement 2 - SMALL AND LARGE EMPLOYER CONTRACTS AND ENROLLMENT

(Company Name)

For the reporting period ending: December 31, (Enter appropriate year)

Enrollment Categories	Number of Contracts as of 12/31	Number of Enrollees as of 12/31	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
Small Employer (2-50 employees)							
Small Employer (3-25 employees)							
Large Employer/Union (over 50 employees)							
Total Group (line 6 plus line 8)	=SUM(C6+C8)	=SUM(D6+D8)					
	Supplement 1	0					
	% Variance	=(D9-D11)/D9					
	Annual Financial Statement	0					
	% Variance	=(D9-D14)/D9					
	Small Employer Minimum (2)	=C6*2					
	Small Employer Maximum (50)	=C6*50					
	Large Employer Minimum (51)	=C8*51					

LIVE METHODOLOGY: Below is a sample of what the tabs should look like in your workbook, when you have multiple product types in one workbook. This process makes linking formulas a simpler task.

35	
36	
37	
38	
39	
40	
41	

`cos hmo / cos pos / cos agg / t1 hmo / t1 pos / t1 agg / t2 hmo / t2 pos / t2 agg`

WORK METHODOLOGY: Below is a sample of what the tabs should look like in your workbook, when you have multiple product types and your Group Enrollment "overflows" into a surrounding state.

30	80 + years	123	120		1,475	1,444	
31							
32	**Subtotal by Sex**	54,782	54,957		657,382	659,489	
33							
34	**Total**	109,739			1,316,871		
35							
36	**Enrollment:**	MO	IL	KS	TOTAL		
37	T1(average)	109,739	13,697	5,462	128,898		
38	COS(average)				128,898		
39	COS(total)				130,935		
40	Sup1(total)	111,693	13,624	5,618	130,935		
41	%diff,T1avg from Sup1total**				-1.6%		
42	Annual Financial Statement				131,985		
43	% diff Sup1 total vs. AFS				-0.80%		
44							
45	**Member Months:**						
46	T1	1,316,871	163,488	66,420	1,546,779		
47	COS				1,546,779		
48	%diff, T1 from COS				0.00%		
49	Annual Financial Statement				1,551,547		
50	% diff T1 vs. AFS				-0.31%		
51							
52							
53							
54							
55							
56							
57							

`COShmo / COSpos / COSagg / t1hmo / t1hmoIL / t1hmoKS / t1pos / t1posIL / t1posKS / t1agg`

When the review process results in a request for corrected data, please submit only those portions cited.

Also, please remember that Dates of Service should reflect the date incurred, not the date the claim was received from the provider.